

The filing fee is calculated as follows:

			SMALL ENTITY		LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$370		BASIC FEE: \$740	
Total	12-20 =	- 0 -	X9	\$	OR	X18 \$
Independent	1- 3 =	- 0 -	X42	\$	OR	X84 \$
[] Multiple Dependent Claims Present			\$140	\$	OR	\$280 \$
			TOTAL	\$	OR	TOTAL \$740.00

[] The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts.

[X] A check in the amount of **\$740.00** to cover the filing fee is enclosed.

[X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 210059.0405)** as noted below. A duplicate copy of this sheet is enclosed.

[X] Any overpayments or deficiencies in the above-calculated fee.

[] Filing fee in the amount of \$ _____ as calculated above.

[X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.

[X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS:

January 4, 2002
(Date)

By:


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[X] Customer Number or Bar Code Label: **000570**

WWS:sm
Enclosures